

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026715

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1955

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 4000

2 4000

3

4 1

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6

7 0

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9 416X

10

11

12 90-0

13

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ:

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1955

FILED JUL 1 1963

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Glasgow Village

Length of stay in lb  
20 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 211 Glen Gary

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY ST. Louis

c. CITY OR TOWN Glasgow Village

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
211 Geln Gary

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
EDNA MAE MILZ

4. DATE OF DEATH  
Month Day Year  
June 16, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/22/19

9. AGE (last birthday)

44

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Danby, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Alvin McDonald

13b. MOTHER'S MAIDEN NAME

Mable Wright

14. NAME OF HUSBAND OR WIFE

Cecil Milz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Glasgow Village,  
Cecil Milz, 211 Glen Gary, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Rheumatic Heart Disease yrs.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-9-62 to 6-16-63 and last saw her alive on 6-6-63  
Death occurred at 7:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ann Juggins, M.D.

22b. ADDRESS

634 N. Grand

22c. DATE SIGNED

6-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/19/63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

McLaughlin, 2301 Lafayette,  
St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

6-18-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUL 3 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James R. Chupre*

Licensed Embalmer No. 4550

P. O. Address St. Louis *Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.